

glutamyl transpeptidase and mean corpuscular volume, which were all significantly associated with cancer mortality, the hazard ratio (HR) for cancer mortality in subjects with non HDL-cholesterol < 3.5 mmol/L was 2.83 [95% confidence interval: 1.73-4.62]. The adjusted HR in subjects with HDL-cholesterol < 0.9 mmol/L was 2.87 [1.63-5.06]. The adjusted HR in subjects on lipid-lowering drug as compared to untreated subjects was 0.31 [0.11-0.85].

**Conclusion:** In this cohort mainly composed of primary prevention subjects, low HDL- and low non HDL-cholesterol levels were associated with increased cancer mortality, whereas risk of cancer death was reduced in users of lipid-lowering drugs. This suggests that the impact of low cholesterol on cancer risk may be different in subjects with spontaneously low levels and in those for whom cholesterol is lowered by lipid-lowering drugs.

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### Effect of moderate wine consumption on high density lipoprotein-cholesterol levels in high risk patients: A prospective observational study

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**Introduction:** Regular light to-moderate wine consumption, defined as 1–3 drinks/day, is associated with a lower risk of cardiovascular disease. Moreover, half of the cardiovascular benefit of wine consumption would be attributable to its High density lipoprotein-cholesterol (HDL-C) rising effect. The aim of this prospective study was to investigate the association between moderate wine consumption and HDL-C levels in patients who survived an acute myocardial infarction (AMI).

**Methods:** From the French regional RICO survey, 920 consecutive patients surviving an AMI were included between the 1<sup>st</sup> January and the 31<sup>st</sup> december 2005. At one year follow-up, patients were asked to report their wine consumption, using a questionnaire and examination of serum lipids was performed. Associations of demographic, clinical, and lifestyle risk-factors with HDL-C levels were assessed with multivariate analysis.

**Results:** Patient consuming 1-3 drink/day of wine had higher HDL-C levels (respectively, 0.47(0.38-0.56) vs 0.43(0.35-0.53) mg/dL, (p=0.026)), and lower CRP concentrations (2(1-5) vs 4(2-7) mg/L (p=0.01)), than non or high-drinkers (0 or >4 drink/day). No difference was reported for triglycerides or LDL-C levels in the two groups. In univariate analyses, CRP levels, diabetes, smoking and body mass index (BMI) were negatively associated with high HDL-C (> 40 mg/dL in men and >50 mg/dL in women). In contrast, female, physical activity and moderate wine intake were positively associated with HDL-C. In multivariate analyses, BMI (OR (95%CI) (0.91(0.87-0.96)), physical activity (OR(95%CI) (1.23(1.07-1.41)) and moderate wine intake (OR(95%CI) (1.84(1.22-3.73)) were associated with high HDL-C.

**Conclusion:** These data suggest that a moderate wine intake is associated with elevated levels HDL-C levels. This association may participate to the beneficial effect of moderate wine intake on cardiovascular disease.

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### Distribution of cardiovascular risk factors in coronary patients in North Tunisia

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**Introduction:** Cardiovascular diseases are the leading cause of mortality in the western countries at the same time they are beginning to appear with increasing frequency in developing countries. The Tunisian epidemiological data on cardiovascular disease in the hospital environment are scarce. The aim of this study was to evaluate the frequency of cardiovascular risk factors and their association in patients hospitalised for coronary disease in coronary care units at Rabta, Charles Nicolle, Habib Thameur, Tahar Maamouri, Menzel Bourguiba and Military hospitals, over the period 1994-1998.

**Patients and methods:** The clinical features of 7164 patients (72.2% men with a mean age of 59 years, 3408 myocardial infarction, 3756 unstable angina) on hospital admission were analysed.

**Results:** The prevalence of hypertension (blood pressure  $\geq$  140/90 mmHg) was 41.4%. There is a statistically significant difference in the prevalence of hypertension (p<0.001) between men (33.4%), and women (62.1%). The prevalence of diabetes (glycemia  $\geq$  1.26 g/l) was 44.8%. The prevalence was higher in women (53.3%) than in men (41.1%, p<0.001). The prevalence of obesity (BMI  $\geq$  30 kg/m<sup>2</sup>) (18.8%) was higher in women (29% vs. 14.9% in men, p<0.001). The incidence of dyslipidemia (CT > 2.5 g/l and/or TG > 1.5 g/l) was 44.9%. The percentage was higher in women (48.2%) than in men (43.3%, P< 0.001). The prevalence of smoking was 64.3%, with a statistically significant difference between men (84.4%) and women (12.2%). Twenty four percent of the patients had one cardiovascular risk factor, 32% had two, 25% had three factors and 13% had four or more factors.

**Conclusion:** With this risk factor profile Tunisia has to implement a national strategy of primary prevention and heart health promotion in addition to the efforts recently made in secondary prevention of some chronic disease such as hypertension, diabetes and smoking.

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### Prevalence and trends of the metabolic syndrome in French adults: the MONA LISA Study

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**Purpose:** To assess ten-year change in the prevalence of the metabolic syndrome among French subjects using the National Cholesterol Education Program (NCEPATP III) criteria with the American Diabetes Association's updated definition of elevated fasting glucose ( $\geq$  1g/l). Two definitions were assessed, one taking into account a treatment for hypertension and for elevated triglycerides or reduced high-density lipoprotein (HDL) cholesterol (Met2) and the other not (Met).

**Methods:** Two cross-sectional representative surveys of the general population were carried out in 1996 and 2006 in three French areas: the Urban Community of Lille in the North, the districts of Bas-Rhin in the East and of Haute-Garonne in the South. Inhabitants aged 35-64 years were randomly recruited from electoral rolls after stratification on gender, 10 year-age group and town size. Standardized sociodemographic, medical and anthropometric data were collected and a fasted blood sample was analysed centrally. Prevalences in the age group 35-64 years were adjusted for the French population of year 2000.

**Results:** A total of 3405 subjects in 1996 and 3554 subjects in 2006 were included in the analyses. In both years the metabolic syndrome was more common among men than among women and increased with age. The age-adjusted prevalences [95% confidence interval] of Met were 26.3% [23.9-28.7] and 18.1% [16.1-20.1] in 1996 and 23.1% [20.9-25.3] and 15.1% [13.3-16.9] in 2006, in men and women respectively. The equivalent results